

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO. **10 592129** FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1		1			
2	1		1			
3	1		1			
4	1		1			
5	2					
6	2					
7	2					
8	2					
9	1					
10	1					
11	1		1			
12	1		1			
13	1		1			
14	1		1			
15	4		1			
16	4		1			
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TOTAL IND.			13		13	
TOTAL DEP.		13		13		13
TOTAL CLAIMS			16			16

	AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
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100						
TOTAL IND.				13	13	13
TOTAL DEP.		13		13	13	13
TOTAL CLAIMS			16			16